

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

National Draft Donald J.Trump for President 2024 Committee

ADDRESS (number and street)

PO Box 766

☐ (Check if address is changed)

Hershey

CITY ▲

PA

STATE ▲

17033

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

robertjeffries5525@gmail.com

Optional Second E-Mail Address

Bobby@Trumpdraftcommittee.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

Trumpdraftcommittee.com

2. DATE

M M / D D / Y Y Y Y
04 / 26 / 2022

3. FEC IDENTIFICATION NUMBER ►

C C00814079

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jeffries, Robert, J, Mr.,

Signature of Treasurer Jeffries, Robert, J, Mr.,

[Electronically Filed]







Date

M M / D D / Y Y Y Y
04 / 30 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

1.  FEC ID number **C** 
2.  FEC ID number **C** 
3.  FEC ID number **C** 
4.  FEC ID number **C** 

Write or Type Committee Name

National Draft Donald J.Trump for President 2024 Committee**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Jeffries, Robert, J, Mr.,

Mailing Address PO Box 766

Hershey

PA

17033

Title or Position

CITY

STATE

ZIP CODE

Treasurer/Founder

Telephone number

717

919

4049

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Jeffries, Robert, J, Mr.,

Mailing Address PO Box 766

Hershey

PA

17033

Title or Position

CITY

STATE

ZIP CODE

Treasurer/Founder

Telephone number

717

919

4049

Full Name of
Designated
Agent

Walborn Jr. CPA, Ronald, , Mr,

Mailing Address

3601 N. Front St.

Harrisburg

CITY

PA

STATE

17110

ZIP CODE

Title or Position

DA/Asst.Treasurer

Telephone number

717

919

3947

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Truist

Mailing Address

201 W. Chocolate Ave

Hershey

CITY

PA

STATE

17033

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE